

Form No. 1

(1) PLACE OF BIRTH

County of

Saluda S.C.

Township of

6

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36345

Registration District No.

6

Registered No. 3905

(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Not named

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

Oct. 27, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Willie Hodgen

(9) PRESENT POSTOFFICE OF FATHER

Saluda S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32 (Years)

(12) BIRTHPLACE

Saluda S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Rearden

(15) PRESENT POSTOFFICE OF MOTHER

Saluda S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28 (Years)

(18) BIRTHPLACE

Saluda S.C.

(19) OCCUPATION

House Wife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Alive

at (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Mrs. S. M. Pitts

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Saluda S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

P. B. Crouch, 1922 Registrar

(27) Filed Nov. 4, 1922

(28) P. B. Crouch, Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.